

Instrument Meteorological Conditions Rating (IMC)& Instrument Rating (Restricted)(IRR) Training Syllabus and Student Record

3

Section 1:

Abbreviations

Section 2: Section 3: Section 4: Section 5: Section 6: Section 7:	Definitions Supporting Documents Guidance Material Equipment Carriage Rating Privileges Training Requirements Flight Training – Long Briefings Module 1 – Basic Instrument Flying Module 2 – Applied Instrument Flying Module 3 – Applied Multi-Engine One Theoretical Knowledge Instruction	4 5 5 11 12 13 17 23 29 Engine Inoperative IF 32 35
Name:		Telephone (Home):
Membership N	To	(Work):
Address:		(Mobile):
Date Commenced:		
Medical Certificate Type:		Expires:

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ISBN 978-184336-310-1

First Edition Published April 2022

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